

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Citizens to Elect Ann Kergman</i>		Date of This Filing <i>10/23/17</i>	Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 23 2017 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <div style="background-color: black; width: 100px; height: 30px;"></div>	I.D. NUMBER (if applicable) <div style="background-color: black; width: 100px; height: 30px;"></div>	Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages _____		
CITY <i>Burlingame</i>	STATE <i>Ca</i>	ZIP CODE <i>94010</i>		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<i>10/20/17</i>	<i>International Brotherhood of Electricians Workers Local Union 617 Political Action Committee 1701 Leslie Street, San Mateo, Ca. 94402 ID# 1276575</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1,000</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****Contributor Codes**

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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